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Follow-up to UNAIDS Programme Coordinating Board meeting

Report on the implementation of the decisions and recommendations of the Programme Coordinating Board of the Joint United Nations Programme on HIV/AIDS*

I. Context

1. The Executive Boards of the United Nations Development Programme (UNDP)/United Nations Population Fund (UNFPA), the United Nations Children's Fund (UNICEF) and the World Food Programme (WFP) held a joint meeting on 6 June 2003 to address the recommendations of the five-year evaluation of the Joint United Nations Programme on HIV/AIDS (UNAIDS) contained in document UNAIDS/PCB(13)/02.2. The joint meeting discussed the implications of the evaluation recommendations for UNDP, UNFPA, UNICEF and WFP, and covered UNAIDS operational and governance issues. Members of the Executive Boards proposed that follow-up to the UNAIDS Programme Coordinating Board (PCB) meetings be placed as a regular item on the agendas of the Boards. The current report, presented jointly by UNDP and UNFPA, focuses on implementation of decisions from the 18th and 19th PCB meetings, held in June and December 2006 respectively, as well as plans for follow-up on the decisions of the 20th PCB meeting held in June 2007.

2. The key issues addressed during the 18th, 19th and 20th PCB meetings include: accelerating implementation of the recommendations of the Global Task Team on Improving AIDS Coordination among Multilateral Institutions and International Donors (GTT); strengthening responses to address the gender dimensions of AIDS; intensifying HIV prevention; AIDS, security and humanitarian responses; trade agreements and partnerships with the Global Fund to Fight AIDS, Tuberculosis and Malaria; and the UNAIDS unified budget and work plan (UBW) 2008-2009.

* The compilation of data required to present the Executive Board with the most current information has delayed submission of the present document.

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II. Accelerating implementation of Global Task Team recommendations

3. Following up on the PCB endorsement of the GTT report in June 2005, the UNAIDS secretariat and cosponsors have prioritized implementation of recommendations in the report, which provide an important contribution to United Nations reform efforts. Significant progress has been achieved in follow-up to the GTT, including the establishment of the UNAIDS division of labour, establishment of joint United Nations teams and programmes of support on AIDS at the country level, formation of the Global Implementation Support Team (GIST) and the mainstreaming of AIDS into poverty reduction strategy papers (PRSPs).

UNAIDS division of labour

4. In August 2005, the 10 cosponsors and the secretariat agreed on a UNAIDS division of labour, with specific lead roles in the AIDS response based on agency mandates and comparative advantages. The division of labour has helped to reduce duplication and streamline roles and responsibilities of programmes and funds. In some cases, however, adaptation of the agreed lead roles within specific countries is a challenge that the UNAIDS cosponsors and secretariat are working to address. Requests for even greater clarity in some thematic areas will result in more detailed divisions of labour, specifically with respect to young people and gender.

5. UNDP and UNFPA have focused on strengthening internal capacities to meet responsibilities under their respective lead areas in the division of labour and commitment at country level in the context of UN Theme Groups and joint UN teams on AIDS. UNFPA has recruited over 100 additional staff, mostly national, for AIDS-related work at the field level, and UNDP has strengthened staffing in all five regional AIDS programmes providing direct support to country offices and, where necessary, has recruited additional HIV-dedicated staff in country offices.

Joint UN teams on AIDS

6. There has also been considerable progress in the establishment of joint United Nations teams on AIDS at the country level. Following instruction from the Secretary-General in December 2005, more that 65 United Nations country teams have established joint United Nations teams on AIDS, and more than 40 of these teams have developed a joint programme of support. UNDP and UNFPA supported the development of a United Nations Development Group (UNDG) guidance note on working mechanisms for joint United Nations teams on AIDS and have continued to reinforce the importance of establishing joint teams and developing joint plans through communications to staff. A follow-up UNDG guidance on implementation of joint programmes is currently under development in order to strengthen support to national AIDS responses. UNDP and the UNAIDS secretariat are also working together to strengthen joint teams and programming through the Resident Coordinator system.

Global Implementation Support Team

7. Another important coordination mechanism emerging from the GTT recommendations is the Global Implementation Support Team (GIST), which is addressing bottlenecks in the implementation of large AIDS grants. GIST was

established in 2005 by the Global Fund, the UNAIDS secretariat, UNDP, UNFPA, the World Health Organization (WHO), UNICEF and the World Bank. In 2007, as recommended by the PCB, the membership of GIST was expanded to include the Governments of the United States, the United Kingdom and Germany, as well as civil society representatives. GIST has facilitated action in 13 countries to support effective implementation of Global Fund and other grants, including support in procurement and supply management, governance, management capacity, coordination, programme and technical needs, monitoring and evaluation, and policies and procedures of international partners. At the end of June 2007, UNFPA became the chair of GIST and will lead review of its terms of reference and functioning.

8. Technical support to Guinea Bissau represents an example of the value added of GIST. Based on the country's request, GIST assessed a UN action plan presented by UNDP. This process helped to overcome several bottlenecks: antiretroviral protocols were brought in line with WHO standards; UNICEF and WHO provided technical assistance in the area of procurement and supply management; UNDP, the World Bank, the Global Fund, UNICEF, WHO and the UNAIDS Secretariat jointly addressed coordination difficulties between the Global Fund grant programme and the World Bank grant programme, and coordination between the Country Coordinating Mechanism and the National AIDS Council. This ultimately led to improved coordination, including harmonization of indicators for monitoring and evaluation, as well as the development of a unified national AIDS action plan, including both grants.

Mainstreaming AIDS priorities into development planning instruments

9. In the area of mainstreaming, as recommended by the GTT, UNDP is leading a joint programme with the World Bank and the UNAIDS secretariat to support more effective integration of AIDS concerns into PRSPs in 14 countries. In 2007, the initiative is being expanded to as many as 10 additional countries. The programme has resulted in significant strategic changes. Zambia, for example, has expanded activities to address AIDS beyond the health sector, allocating new resources to the transport, tourism, mining and agriculture budgets. In Rwanda and Senegal, representatives from national AIDS commissions participated in drafting PRSPs, and, in Ghana, district development planning guidelines were issued, requiring all sectors to integrate actions on AIDS in their medium-term development plans. All district assemblies have now produced development plans reflecting AIDS under the second poverty reduction strategy, and national orientation workshops were held to strengthen HIV capacity in over 100 sector ministries, departments and agencies. In Zanzibar, the Government and donors have formalized new quarterly consultations to help align development support, and, in Tanzania, a forum has been created for civil society groups to participate in public expenditure reviews.

10. In addition, UNDP is supporting implementation of multi-sectoral AIDS responses to advance achievement of the Millennium Development Goals. In 26 countries across regions, capacity has been strengthened for mainstreaming HIV responses into national development plans and into key sectors. UNFPA has been working in numerous countries to ensure that HIV prevention and care is incorporated into national emergency preparedness plans; for example, during 2007 in Mozambique in support of the National AIDS Control Programme to adapt guidelines for HIV prevention as an integral part of the national contingency plans.

Independent assessment of the GTT recommendations

11. In June 2007, the findings of an independent assessment of progress in implementing the GTT recommendations were presented to the 20th PCB meeting, which approved the recommendations in the assessment. Although the assessment took place early in the process of implementing the GTT recommendations, it was evident that significant progress had been achieved. However, the assessment also highlighted several challenges that remain and outlined recommendations for strengthening implementation in the areas of the division of labour, joint United Nations teams and joint programmes of support on AIDS, technical support mechanisms, strengthening accountability mechanisms, resources, the GTT and United Nations reform, and harmonization and alignment. The cosponsors and the secretariat welcome the adoption of the recommendations and are working towards an implementation plan to take the recommendations forward.

III. Addressing gender dimensions of AIDS

12. In June 2006, the 18th PCB meeting requested a gender assessment of 3 to 5 national AIDS plans and the development of policy guidance on gender. A team composed of the UNAIDS secretariat, UNDP, the International Center for Research on Women and the Open Society Initiative on Southern Africa carried out the follow-up to the PCB decision, working in collaboration with UNFPA, UNIFEM and the Global Coalition on Women and AIDS (GCWA). The findings of the gender assessments were presented to the 20th PCB meeting in June 2007, along with draft guidance on gender. The assessments indicated that, while United Nations support has been critical at the country level, efforts in the areas of gender and AIDS must be better coordinated and more focused on integrating gender into the activities and budgets of national AIDS programmes, rather than on implementing individual projects.

13. The PCB requested the UNAIDS cosponsors and secretariat to significantly expand efforts to address gender inequality and gender-based violence as major contributors to HIV, and to further develop and finalize the draft guidance for presentation to the 2008 PCB meeting, in consultation with governments, donors and civil society. The follow-up to these recommendations will be carried forward through an inter-agency and multi-partner process facilitated by UNDP and the UNAIDS secretariat, working with UNFPA, UNIFEM, GCWA and other partners.

14. As a priority, the UNAIDS cosponsors and secretariat are committed to supporting implementation of the finalized gender guidelines and to strengthening gender programming and action at the country level. To intensify support, significant resources have been allocated to address gender, women and AIDS in the 2008-2009 UBW. In addition, UNDP and UNIFEM have established a global partnership and joint work plan on gender and AIDS. They will also support the Inter-Agency Task Team (IATT) on Gender and AIDS, working closely with the UNAIDS secretariat, UNFPA and all other cosponsors to provide more effective support to programming in countries, as well as to develop operational gender and AIDS tools for joint United Nations teams on AIDS and joint programmes of support. The UNAIDS cosponsors will give due consideration to encouragement expressed by the PCB for each cosponsor to have at least one senior adviser dedicated to gender and AIDS.

15. This work will build on successful action that exists in several countries. For example, in Sudan, UNFPA and UNDP are collaborating to address gender-based violence through a Department for International Development-funded programme for populations of humanitarian concern. This includes special programming for demobilized military staff and populations, peer education training; review of legislation relating to sexual and gender-based violence; and development of livelihood strategies for women and children affected by violence. UNFPA, as Co-Chair of the Gender Subworking group of the InterAgency Standing Committee for Humanitarian Affairs, is working with numerous partners to ensure that humanitarian response staff in United Nations agencies as well as in counterpart governmental and in non-governmental organizations are trained to identify the specific gender and HIV vulnerabilities during and after crises and to include HIV prevention and vulnerability reduction in all humanitarian response and recovery planning.

16. Recognizing that programmes are not gender-neutral, the UNAIDS family must consistently ask of each AIDS-related activity whether it passes the test for women. UNFPA, the International Planned Parenthood Federation (IPPF) and Young Positives, as GCWA co-convenors, have developed 'report cards' to strengthen programmatic, policy and funding actions on HIV prevention strategies for girls and young women. Eight report cards were issued in 2006, and 14 additional cards will be issued by the end of 2007. Each report card provides a country profile and information on HIV prevention, relating to legal and policy issues, service availability and accessibility, and participation and rights issues, with recommendations for action. The Philippines, Malawi and Mozambique have been selected for follow-up work to further county-level preventive action for young women and girls. A global advocacy guide with key prevention messages for girls and young women will be launched in 2007. In addition, UNFPA, IPPF and Young Positives conducted research on linkages between HIV prevention and the economic empowerment of young women, resulting in the publication of a report in March 2007 entitled *Change, Choice and Power: Young Women, Livelihoods and HIV Prevention*. The report, which included case studies and recommendations for action, explored the relationship between economic independence, vulnerability to HIV infection, the level of sexual and reproductive health among women and adolescent girls, and gender-based violence.

17. To ensure sustainability of programming, UNDP has supported gender assessments and the mainstreaming of gender in national AIDS planning, budgeting and strategic frameworks in several countries across regions, including through a regional initiative supporting gender mainstreaming in national AIDS strategies in West and Central Africa with the UNAIDS secretariat and UNIFEM. Regional and country consultations on gender and AIDS have also been conducted in Latin America and in sub-Saharan Africa. In South Asia, a UNDP regional initiative is addressing the nexus of vulnerability of women and girls to trafficking and AIDS, including through a partnership with 13 non-governmental organizations (NGOs) and technical support to the regional task force on mobility. The initiative is estimated to have reached 600,000 women and has sensitized judiciary, police and other decision-makers to links between trafficking and HIV.

18. In Ecuador, UNDP and UNIFEM convened the first national consultation on gender and AIDS in 2006, which resulted in the development and budgeting of gender projects in AIDS prevention programmes in the cities of Guayaquil and

Quito. A parallel collaboration has used the training of government officials and members of civil society to raise the profile of women's vulnerability to AIDS, given the sharp increase in prevalence rates among low-risk heterosexual women. As a result, the national strategic plan reflects a gender-based approach and includes a specific chapter dedicated to women's vulnerability, prevention of gender-based violence and empowerment. UNDP and UNIFEM are also implementing a programme to support HIV-positive women, together with the National Women's Council, and are supporting capacity development on AIDS issues for gender specialists, and gender capacity development for HIV specialists. Through this partnership the gender approach has been strengthened on the political AIDS agenda.

IV. Intensifying prevention

19. Although HIV infection rates have fallen recently in several countries in the regions most severely affected by AIDS, the epidemic continues to outstrip global and national efforts to contain it. For every person who begins antiretroviral treatment, six more acquire HIV. In many regions of the world, new infections remain heavily concentrated among young people from 15 to 24 years of age, and among adults aged 15 and older, young people accounted for 40 per cent of new HIV infections in 2006. The steady growth of HIV prevalence throughout the world stems not from the deficiencies of available prevention strategies and tools but rather from failure to use them. Effective prevention efforts must focus on measures that directly support risk reduction by providing information and skills, as well as access to necessary commodities for populations most in need. Prevention programming must also address social and institutional factors that continue to fuel HIV, such as sexual behaviour norms, gender inequality and HIV-related stigma.

20. Various aspects of intensifying HIV prevention have been highlighted in PCB meetings. In December 2006, the PCB emphasized the need for HIV prevention to be translated into effective action at the country level within the context of a comprehensive AIDS response. Support towards intensifying country-led prevention efforts is a primary focus of the efforts of UNFPA and UNDP, in line with programmatic and policy actions endorsed in the UNAIDS policy position paper on HIV prevention, national epidemiology, the 'three ones' principles on the coordination of national responses and the UNAIDS division of labour.

HIV prevention among young people

21. Action to strengthen country level prevention efforts focused on young people and included both inter-agency and individual agency efforts. *Steady, Ready, Go! Preventing HIV/AIDS in Young People!* is a publication of WHO and the Inter-Agency Task Team on Young People and AIDS chaired by UNFPA. The publication provides evidence-informed guidance, approaches and tools to enhance HIV programming for young people.

22. In its lead role for prevention among young people who are not in school, UNFPA has developed with partners a Youth Peer Education Toolkit translated into 16 languages, a gender toolkit on male youth involvement and an interactive computer-based distance-learning training tool for peer educators reaching 5.8 million young people. In many countries peer educators have been trained to carry

out community mobilization actions on AIDS including reaching out to displaced populations including young people out of school. In Tanzania, the United Nations joint programme seeks to harmonize action, bringing together UNFPA, UNICEF, UNESCO in their work with the Ministries of Youth and of Education aimed at supporting the standardization of life skills materials for both in-school and out-of-school youth and the development of a national life skills programme for out-of-school youth.

23. A package of evidence-based guidance briefs based on good practice and focused on supporting United Nations country teams in their efforts to accelerate action to respond to HIV among young people is under development by the Inter-Agency Task Team on Young People and AIDS. The package consists of a global overview for providing universal access and specific strategies for interventions delivered through a range of settings and sectors, including educational institutions, health facilities, workplaces, communities, the media, emergency settings and adolescents most at risk.

24. UNFPA and UNDP are working together, along with DPKO and the UNAIDS Secretariat, on HIV prevention and care in post-conflict settings, and have developed specific guidance and activities around demobilization of combatants, most of whom are young people, including investigation of livelihood needs and other protections against risks. Activities are ongoing in Sudan, Cote d'Ivoire, Liberia, Sierra Leone, and the Democratic Republic of the Congo.

25. Responding to the need for greater clarification in the area of HIV/AIDS and young people, the Executive Directors of UNAIDS and UNFPA recently called a meeting of Deputy Executive Directors to outline the way forward in this important thematic area. Four concrete actions were agreed for completion by the end of 2007: (a) to open the inter-agency group to governments, civil society and development partners; (b) to further articulate the division of labour specifically with regard to young people and AIDS; (c) internal review on mainstreaming of young people; and (d) a review of all inter-agency task teams.

Prevention of mother to child transmission

26. The Inter-Agency Task Team on Prevention of HIV Infection in Pregnant Women, Mothers and their Children, comprised of United Nations system and non-United Nations partners, including WHO, UNICEF, UNFPA, the UNAIDS secretariat and the World Bank, supports a four-pronged comprehensive approach to the prevention of mother-to-child transmission (PMTCT), including (a) primary prevention of HIV; (b) prevention of unintended pregnancies in women living with HIV; (c) prevention of HIV transmission from pregnant women living with HIV to their infants; and (d) treatment, care and support for women living with HIV and their families. During 2006, the Task Team developed a global strategy on accelerating PMTCT scale-up, which is expected to be endorsed and launched in 2007. UNFPA contributed substantially to ensuring that the global strategy promoted a comprehensive approach to PMTCT, including an emphasis on primary prevention, prevention of unintended pregnancies in women living with HIV and operational zing the links between sexual and reproductive health and HIV.

27. In Kenya for example, UNFPA, in collaboration with WHO and UNICEF, has been working with the Division of Reproductive Health and National AIDS and Sexually Transmitted Infections Control Programme of the Ministry of Health to

strengthen the integration of the reproductive health and HIV programme. Impressive results early this year from a pilot project that involved some selected government facilities and focused on integrating family planning into PMTCT programmes has led to its identification as a priority area for scaling-up this year. Within the new Africa Maternal and Newborn Programme, 40 countries are developing road maps that include contributions towards PMTCT.

Addressing HIV-related stigma and discrimination and promoting human rights

28. In intensifying prevention efforts, UNDP has emphasized action to address the underlying drivers of the epidemic, including stigma, discrimination and gender inequality. In Eastern and Southern Africa, the Arab States and the Caribbean, analysis of legislation has been undertaken to promote HIV-related human rights. In China, UNDP worked with the National People's Congress to support the drafting of national laws protecting the rights of people living with HIV, and in March 2006, China's national legislative body passed the HIV regulation. In Trinidad and Tobago a legal review was undertaken to critically examine existing legislation and to advocate for strengthening human rights protections, and in Croatia analysis of legislation relating to AIDS has resulted in proposals for modification of current legislation and protection of rights of people living with HIV. In Mozambique support was provided for the development of a law protecting rights of people living with HIV in the workplace, and in Vietnam technical support was provided to the process of developing a law on HIV as well as its implementation decree.

29. Public media campaigns and communications initiatives supported by UNDP have advocated for HIV-related human rights and gender equality and scaled-up action against stigma and discrimination. The UNDP-Asian Broadcasting Union Content Development Initiative has developed an anti-discrimination advocacy film in 24 languages and 18 television productions to dispel myths and promote positive images and messages relating to people living with HIV. In the Arab States, partnerships with media resulted in the production of numerous television and radio episodes and short films focusing on AIDS and stories of people affected by AIDS. In addition, initiatives with religious leaders have promoted human rights and gender equality, resulting in the formation of the first Arab religious leaders network responding to AIDS and the signing of a pact by 250 male and female Muslim and Christian religious leaders. UNDP also initiated and supported the first training on AIDS for female religious leaders in the Arab region in 2006, which resulted in the signing and dissemination of the Tripoli Declaration promoting women's rights in the context of AIDS.

30. Using a rights-based approach and culturally sensitive programming, UNFPA has embarked on a number of joint initiatives with faith-based organizations to address the spread of HIV and to fight the stigma and discrimination often directed towards people living with the virus. Most recently, UNFPA produced a training manual *Engaging Faith-Based Organizations in HIV Prevention: A Training Manual for Programme Managers* which aims to encourage policy makers, programmers in the field and development practitioners to recognize the complex social, cultural and economic factors in HIV prevention and to partner with faith-based organizations to address them.

31. Recognizing that the empowerment of people living with HIV is essential to strengthening prevention efforts and mitigating the impact of AIDS, UNDP is

supporting effective engagement of women and men living with HIV in national responses. This has included sustained leadership and capacity-building support to 23 groups of people living with HIV under the UNDP-led Asia Pacific Empowerment Initiative, and to groups of people living with HIV in the Arab States. In Latin America and the Caribbean, support was provided for the creation of a regional coalition of vulnerable populations, and in the Asia region programmes are supporting economic empowerment of women living with HIV and promoting women's inheritance and property rights. In China, HIV and poverty alleviation efforts have contributed to increasing involvement of people living with HIV in responding to AIDS, particularly women, the poor and rural families affected by AIDS. By promoting the socio-economic empowerment of women living with HIV, and increasing access to microfinance services for poor families affected by AIDS, UNDP and the Government of China were able to produce replicable models of empowerment to lift people living with HIV out of poverty. Negotiations are currently underway to scale up the micro finance and AIDS project to increase access to credit services across central China.

32. UNFPA has worked closely with UNHCR in over a dozen countries to raise awareness of HIV and to prevent stigma. One example is the travelling photo exhibition "Positive Lives", which has been carried out in refugee camps in eight countries and which has drawn strong enthusiasm among refugees and refugee camp workers as a vehicle for both HIV and human rights education.

Sexual and reproductive health and HIV linkages

33. Improving women's sexual and reproductive health (SRH) is critical to preventing HIV and treating other sexually transmitted infections. A key challenge related to SRH and HIV linkages is moving beyond advocacy and policy to developing effective guidance for comprehensives country-level programming. In February 2007, the UNDP, UNFPA, WHO and World Bank Special Programme of Research, Development and Research Training in Human Reproduction jointly convened an international conference on actions to strengthen linkages between sexual and reproductive health and HIV/AIDS, with the Mumbai-based National Institute for Research in Reproductive Health and the Indian Society for the Study of Reproduction and Fertility. The conference identified successful approaches and challenges and recommended specific policy and programmatic actions and initiatives to strengthen linkages.

34. In addition, IPPF, UNFPA, WHO and the HIV/AIDS Review Group of the Cochrane Collaboration are jointly working to systematically review the evidence for policy, programmatic and structural linkages between SRH and HIV. The ongoing review has strengthened the understanding of linkages, collected promising practices for sound programme and policy decisions, and helped to identify knowledge gaps where future research should be directed. The three organizations are also collaborating to finalize a needs assessment and priority setting tool that can be used at country level to strengthen SRH and HIV linkages. In 2006, UNFPA and WHO jointly issued clinical guidelines on SRH for women living with HIV, addressing issues fundamental to their well-being and that of their partners and children. The guidelines include recommendations for counselling, antiretroviral therapy, care and other interventions.

35. UNFPA, with financial support from The Organization of Petroleum Exporting Countries (OPEC) Fund for International Development, has strengthened HIV prevention among vulnerable youth in Belize, Costa Rica, Guatemala, Guyana, Honduras and Saint Lucia through addressing linkages between HIV prevention and sexual and reproductive health, and empowerment of young people including through income-generating activities, working with faith-based organizations at the local level, linking with other Ministries such as Youth and Education and working with non-governmental organizations to deliver sexual and reproductive health services for youth. The recent evaluation of these efforts showed that young people were involved in the design and implementation of innovative youth-friendly services on adolescent sexual and reproductive health and HIV prevention; local communities and national governments incorporated youth in specially difficult circumstances in HIV prevention outreach programmes and in the national strategic plans and policies on HIV/AIDS; and capacity building was promoted at all levels — youth organizations and networks, Ministries of Health, and other non-governmental organizations.

Comprehensive condom programming

36. The UNFPA-led Global Condom Initiative currently involves some 30 countries at different stages within the initiative, with additional countries slated to join over the course of the next year. In Zambia, the 2006 Annual Programme Review showed distribution of male condoms from Central Medical Stores that reached end users increased to almost 13 million as compared to just over 1 million in 2005. Similarly female condom distribution rose from 14,038 to 300,000. As an example of action in the first half of 2007, 5-year country-by-country condom need projections have been completed and 800 individuals from community-based, faith-based and non-governmental organizations as well as health providers from four countries have completed master trainer programmes. The UNFPA and PATH publication *Female Condom: A Powerful Tool for Protection* answers key questions about the female condom. It presents evidence about its effectiveness and impact, identifies challenges to wider use and suggests steps to strengthen condom programming worldwide. Globally, over the course of 2006, distribution of female condoms increased by 41 per cent.

V. AIDS, security and humanitarian responses

37. In December 2007, the PCB called for actively addressing the AIDS needs of emergency-affected populations and uniformed services at the country level. In line with PCB recommendations and in accordance with United Nations Security Council resolution 1308 (2000), which highlights the importance of HIV prevention among uniformed personnel, the UNAIDS secretariat, UNFPA, the United Nations Department of Peacekeeping Operations (DPKO), United Nations peacekeeping missions, national militaries and police forces have been working together to address the spread of HIV in security forces in many countries in Africa, Asia, Latin America and the Middle East.

38. The Inter-Agency Working Group (IAWG) on disarmament, demobilization and reintegration, chaired by DPKO and UNDP and comprised of 15 United Nations entities, is also working to strengthen integration of AIDS concerns. The Working Group has developed the *Integrated Disarmament, Demobilization and*

Reintegration Standards (IDDRS), a set of policy, guidelines and procedures covering 24 areas of disarmament, demobilization and reintegration (DDR). UNFPA has taken the lead with the UNAIDS secretariat and DPKO to draft guidelines on HIV and DDR, as well as on mainstreaming reproductive health, HIV and gender issues in all DDR guidelines. UNDP, UNFPA, the UNAIDS secretariat and DPKO have also formed an informal HIV-DDR sub-working group to better coordinate their efforts.

39. As cluster leader for early recovery, UNDP has developed a joint humanitarian appeal proposal with UNFPA and the UNAIDS secretariat to provide more comprehensive and effective humanitarian and early recovery assistance for ensuring continuity of HIV services to populations in times of crisis. The proposal supports the reconvening of the Inter-Agency Standing Committee (IASC) Task Force on AIDS and the revision of the IASC Guidelines on AIDS in Emergency Settings, including pilot testing in countries. The proposal also provides for roll-out of HIV-DDR guidelines, field testing and implementation of the guidelines and adaptation of information from HIV, gender, reintegration and livelihood modules in countries. AIDS concerns will also be integrated into existing and new policy documents and guidelines, and capacity-strengthening training will be undertaken for early recovery advisors.

40. Since 2005, UNFPA has been supplying the Office of the United Nations High Commissioner for Refugees (UNHCR) with male condoms, female condoms and other commodities for refugees and internally displaced persons in 22 countries. The initiative aims to help prevent unwanted pregnancies and stem the transmission of HIV and other sexually transmitted infections in conflict-affected countries. In 2006, UNFPA procured approximately 17 million male and female condoms for distribution through UNHCR in Africa, Asia, and the Middle East. UNHCR reported wide-spread use of UNFPA-provided male and female condoms in 22 countries.

41. The AIDS, Security and Conflict Initiative (ASCI) has been convened by the Netherlands Institute of International Relations Klingender and the Social Science Research Council with support from the Netherlands, Canada, Sweden, UNFPA and the UNAIDS secretariat. ASCI is a global research initiative aimed at informing policy and programming in the areas of security, humanitarian emergencies and HIV. UNDP is currently developing a proposal with ASCI to address HIV-related needs in the early recovery phase.

VI. Trade agreements and partnerships with the Global Fund to Fight AIDS, Tuberculosis and Malaria

42. Significant progress has been made in relation to PCB recommendations on the World Trade Organization Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS) and partnerships with the Global Fund to Fight AIDS, Tuberculosis and Malaria. In line with the recommendations of the 18th and 19th PCB meetings and the 2006 Political Declaration on HIV/AIDS aimed at strengthening the capacity of developing countries to employ TRIPS flexibilities, UNDP has provided policy guidance and technical support to 28 countries in Africa, Asia, Latin America and the Caribbean to adopt and adapt trade policies for sustainable access to affordable AIDS medicines. Reviews of national patent laws and intellectual property rights legislation have been undertaken, and training

sessions have been conducted on intellectual property, TRIPS flexibilities, free trade agreements and their impact on access to medicines — in partnership with regional commissions, the UNAIDS secretariat, WHO and civil society stakeholders.

43. The PCB has emphasized the importance of strengthening linkages with the Global Fund. The majority of the UNAIDS Secretariat and Cosponsors' AIDS staff are working to maximize the use of these grant funds in countries. Success at country level is a result of the complementarities of the Global Fund financial mechanism, national leadership and the technical support and capacity-building provided by UNAIDS Secretariat and Cosponsors. For example, some 85 per cent of successful Round 6 grant proposals received support from the UNAIDS family. The Global Fund and UNAIDS have been partners from the start. In the coming months the existing memorandum of understanding will be reviewed and revised.

44. UNDP has intensively supported 35 countries so as to improve effective management, implementation and oversight of Global Fund grants and to strengthen financial and procurement capacities of principal recipients and sub-recipients. In circumstances where there are no suitable national principal recipients, countries have requested UNDP to assume that role and provide financial and programmatic oversight for Global Fund grants, while building capacity of national entities. UNDP is currently the principal recipient in 24 countries, managing 58 grants.

45. As a result of these efforts, UNDP plays a critical role, particularly in complex settings, in supporting national strategies for prevention, treatment and care interventions. In Angola, for example, UNDP, as the principal recipient for the Global Fund — working in collaboration with UNICEF, UNFPA, UNAIDS and WHO — has helped the Ministry of Health to improve technical, financial and programme management capacities, and systems for monitoring and evaluation. The implementation of the Global Fund HIV grant with national stakeholders has resulted in the development of a sentinel surveillance system and the opening of 17 voluntary counselling and testing centres around the country. Nine hospitals now provide services to mothers to prevent transmission of HIV to their children, and more than 3,000 medical and paramedical personnel have been trained in providing treatment and care to people living with HIV. As of early 2007, over 7,000 Angolans are receiving life-saving anti-retroviral drugs through the programme.

VII. Unified budget and workplan 2008-2009

46. In June 2007, the PCB meeting endorsed the 2008-2009 unified budget and workplan (UBW), which unites in a single framework the AIDS activities of the 10 UNAIDS cosponsors and the secretariat. The UBW aims to maximize the impact of UNAIDS leadership at the global and regional levels, as well as the effectiveness of Joint Programme assistance to national stakeholders, for results and impact at the country level. "Making the money work" constitutes an overriding theme in the 2008-2009 UBW with the goal of accelerating progress towards universal access to HIV prevention, treatment, care and support.

47. The 10 UNAIDS cosponsors and the secretariat have worked together over the past year to ensure that the 2008-2009 UBW significantly improves clarity, transparency and performance monitoring of UNAIDS efforts. In order to strengthen harmonization of UNAIDS work with broader development efforts, the UBW uses terminology adopted by the Organisation for Economic Co-operation and

Development Assistance Committee. The work plan is organized according to seven principal outcomes and 33 key outputs to be achieved through the joint efforts of the cosponsors and the secretariat. Consistent with the UNAIDS division of labour, the plan covers cosponsor, secretariat and inter-agency activities funded through the core UBW budget, as well as through the individual contributions of each cosponsor. A mid-term review of the UBW will assess UNAIDS progress and strengthen monitoring and accountability, with a focus on country-level results.

48. UNDP and UNFPA have worked to harmonize their respective 2008-2011 strategic plans with the UBW and to the agreed UNAIDS division of labour. In addition, UNDP and UNFPA are currently working together with the UNAIDS secretariat and other cosponsors to ensure effective monitoring so as to fully address the PCB recommendations relating to the UBW, including performance-based reporting on UBW implementation, a mid-term review of the UBW, demonstration of the complementarity of actions of cosponsors, further development of the UBW as a strategic tool for division of responsibilities, and strengthening linkages between investment and results.

49. Along with the UNAIDS secretariat and other cosponsors, UNDP and UNFPA recognize that effective implementation of the UBW will clearly require strong partnerships with governments, civil society, people living with HIV, women, young people and other vulnerable groups. It will also require continuing efforts towards 'working as one' and contributing to the United Nations reform process through the path-breaking experience of the Joint UNAIDS Programme in strengthening coherence, coordination and working together. UNDP and UNFPA are committed to implementing the recommendations of the PCB and to contributing to the achievement of the Millennium Development Goal target of halting and reversing the spread of HIV/AIDS.